

VARIABLE TERM WAIVER REQUEST FOR 30-DAY SUBSTITUTE CBEST WAIVER

Requests must be prepared by the employing agency, not the applicant, and must be typewritten or computer generated. This form may be used for **first time** 30-Day Substitute CBEST waivers **only** and will be accepted by the Commission for service beginning no later than June 30, 2001. Any other type of variable term waiver must be submitted on form WV1.

1. EMPLOYING AGENCY (include mailing address)	County/District CDS Code	Contact Person Telephone# FAX#: Email:
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2. APPLICANT FOR THE WAIVER

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Social Security Number

If fingerprint clearance is not on file at CTC, include form 41-CIC, 2 fingerprint cards and \$56.00 OR a Livescan receipt.

Review by the Division of Professional Practices, if needed, will be concluded before a waiver approval letter will be issued.

Full Legal Name _____

Former Name(s) _____ Birth Date _____

Applicant's Mailing Address _____

California Credential or Permit Held (if any) _____

Assignment **30-DAY SUBSTITUTE TEACHER**

3. EDUCATION CODE OR TITLE 5 SECTION TO BE WAIVED: EC §44830(a)
"A governing board of a school district shall employ for positions requiring certification qualifications, only person who possess the qualifications therefor prescribed by law..."

Specific section(s) covering the assignment: **EC 44252(b)**

4. EFFECTIVE DATES

____/____/____ to ____/____/____

Waivers are dated effective the beginning date of service. This 30-Day Substitute CBEST waiver cannot exceed one year. This form may be used only for a beginning date of service no later than June 30, 2001.

Commission Use Only/Bar Coded Label

5. **Public Notice -- check the box that applies**

☐ **Public School District:** Attached is a copy of the agenda item presented to the governing board of the district in a public meeting stating that the district has been unable to recruit enough substitutes who have met the CBEST requirement. With the signature of the Superintendent or his or her designee in item #7 below, the person signing verifies that the item was acted upon favorably by the board.

☐ **County Office of Education or State Agency:** Attached is a dated copy of the notice that was posted at least 72 hours before the position was filled showing the name of the applicant, the position, and the fact that employment will be on a waiver. With the signature of the Superintendent or Administrator or his or her designee in item #7 below, the person signing verifies that there were no objections to the waiver request.

6. **Applicant's Certification**

I understand that I must take and pass CBEST during the valid term of this waiver.

Signature of Applicant

(Sign full legal name as listed in #2 above)

Date

7. **Employing Agency Certification**

I certify under penalty of perjury that the information provided in this report is accurate and complete.

District/County Superintendent, Personnel Administrator, or Designee:

Signature _____
Title _____
Date _____

Attachments

- ☐ True copy of transcripts verifying completion of a bachelor's degree or a copy of a diploma.
- ☐ Copy of governing board minutes declaring a shortage of substitutes.
- ☐ A check or money order in the amount of \$55.00.
- ☐ Livescan receipt or two fingerprint cards (and \$56.00 fee), **and** form 41-CIC if fingerprint clearance is not already on file with the Commission.

5. IS THE POSITION IN A STATEWIDE SHORTAGE AREA?

- ☐ Statewide shortage area: special education including resource setting, speech clinician, teacher of LEP students, teacher of math or science, reading specialist, driver education and training, library media services and multiple subject teaching.
- ☐ NOT a statewide shortage area: administration, counseling, school psychology, most secondary teaching areas--complete number 7 below.

6. WHAT HAVE YOU DONE THIS YEAR TO LOCATE AND RECRUIT INDIVIDUALS TO FILL THIS POSITION? Please attach copies of announcements, advertisements, etc. if this is in a *non-shortage* area. No copies are necessary if this is a recognized shortage area.

- | | |
|--|--|
| <input type="checkbox"/> Distributed job announcements | <input type="checkbox"/> Attended job fairs in California |
| <input type="checkbox"/> Contacted IHE placement centers | <input type="checkbox"/> Attended recruitment out of state |
| <input type="checkbox"/> Advertised in local newspapers | <input type="checkbox"/> Advertised in professional journals |
| <input type="checkbox"/> Advertised in national newspapers | <input type="checkbox"/> Other _____ |
-
- ☐ This is a subsequent waiver in a recognized shortage area. We have given support and assistance to this individual to develop his or her skills in lieu of recruiting.

7. IF THIS POSITION IS NOT IN A STATEWIDE SHORTAGE AREA:

A. What is the SPECIFIC employment criteria for the position? What special skills and knowledge are needed to successfully perform in this position? These should also be described in your recruitment advertisements and announcements.

B. Provide detailed information about the results of your recruitment efforts. Be sure to answer each of the following questions:

How many individuals applied for the position? _____

How many of those held the appropriate credential? _____

How many were interviewed? _____

What were the results of those interviews? If credentialed candidates applied for this position please explain why those individuals were not selected.

8. IF THIS IS AN INITIAL WAIVER REQUEST FOR THIS INDIVIDUAL IN THIS ASSIGNMENT, WHAT MAKES THE APPLICANT THE BEST CANDIDATE? Include detailed information about the individual's professional preparation and expertise in the subject/area requested and attach appropriate documentation including transcripts, examination score reports, and verification of experience.

13. PUBLIC NOTICE -- CHECK THE BOX THAT APPLIES

- ☐ Public School District: Attached is a copy of the agenda item presented to the governing board of the school district in a public meeting showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the Superintendent or his or her designee in item #15 below, the person signing verifies that the item was acted upon favorably by the board.

By submitting this waiver request the district is certifying that reasonable efforts to recruit a fully prepared teacher for the assignment(s) were made. If a suitable fully prepared teacher is not available to the school district, the district made reasonable efforts to recruit an individual for the assignment, in the following order:

1. an individual who is scheduled to complete initial preparation requirements within six months
2. a candidate who is qualified to participate in an approved internship program in the region of the school district

- ☐ County Office of Education, State Agency, Charter Schools or Nonpublic, Nonsectarian School or Agency: Attached is a dated copy of the notice that was posted at least 72 hours before the position was filled showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the Superintendent or Administrator or his or her designee in item #15 below, the person signing verifies that there were no objections to this waiver request.

14. APPLICANT'S CERTIFICATION

I understand that in order to receive a subsequent waiver for this assignment I must pursue the completion of requirements to obtain full certification in the subject or area covered by this waiver request as specified in #9 above.

Signature of Applicant

(Sign full legal name as listed in #2 above)

Date

15. EMPLOYING AGENCY CERTIFICATION

The person for whom this waiver is requested will not be employed until he or she has been cleared by the Department of Justice under the provisions of Education Code Section 44332.6 and Section 44830.1 (AB1612). The employer acknowledges that the Commission's final approval of this individual's waiver will be determined by a fitness review covering, in part, criminal activity, including certain in-state and/or out-of-state convictions.

If this waiver request is for service to special education children, the Special Education Local Planning Area (SELPA) has been notified of our intent to request this waiver.

I certify under penalty of perjury that the information provided in this report is accurate and complete.

District/County Superintendent, Personnel Administrator, NPS/NPA Administrator, or Designee:

Signature _____
Title _____
Date _____

Use additional sheets as necessary to provide complete information about any section of this waiver request. This form may be duplicated or may be reproduced on computer as long as the order of the information remains the same and page 1 information remains on page 1.